

COMMANDER'S REPORT OF DISCIPLINARY OR ADMINISTRATIVE ACTION

For use of this form, see AR 190-45; the proponent agency is the Office of the Provost Marshal General.

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 dated November 22, 1943.

PRINCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately identified. Your Social Security Number is used as an additional/alternate means of identification to facilitate filing and retrieval.

ROUTINE USES: The Routine Uses that appear at the beginning of the Army's A0190-45 OPMG, Military Police Reporting Program Records (MPRP) system of record notice may apply to this system.

DISCLOSURE: Voluntary, although without the SSN collection, law enforcement records could not be accurately retrieved and the probability of misidentifying an individual would increase significantly.

1. CONTROL INFORMATION

| | | |
|---|--|------------------------------|
| Thru: | USACRC Number: 016024 | |
| To: Commander 2nd BSB, 2/2 ID (SBCT) Joint Base Lewis McChord, WA 98433 | MP Report Number: 00059-2010-CID379 | |
| | Sub-Installation: AE09355DC | |
| Referred By: (b)(6) (b)(7)(C) (b)(3) | Referral Date: 2010/09/27 | Suspense Date: 2010/11/11 |

The first Lieutenant Colonel in the chain of command is responsible and accountable for completing DA Form 4833 with support documentation (copies of Article 15s, court-martial orders, reprimands, etc) for all USACIDC investigations. The unit and brigade commander or their equivalent will also receive a copy of the DA Form 4833 for all USACIDC investigations.

Company, troop, and battery level commanders are responsible and accountable for completing DA Form 4833 with supporting documentation in all cases investigated by MPI, civilian detectives employed by the Department of the Army, and the PMO. Accurate and complete DA 4833 disposition reports are required to meet installation, command, HQDA, DOD, and federal statutory reporting requirements. The data is used to identify crime trends, establish command programs in law enforcement and other activities, and to ensure that resources are made available to support commanders who must address issues of soldier and family member indiscipline.

In court-martial cases, a conviction of an offense at court-martial may be for a different, or lesser included offense. List the offense for which the individual was convicted at court-martial in the remarks section. Provost Marshals must enter the "MP Report Number" (Block 1) for all cases referred to commanders. "Sub-Installation" (Block 1) is used to enter report number from a civilian law enforcement agency police report. Other information on the civilian law enforcement agency (e.g. civilian law enforcement agency address) may be entered in the remarks section.

2. OFFENDER INFORMATION

| | | |
|---|--|----------------|
| Last Name: (b)(6) (b)(7)(C) (b)(3) | Cadency: | |
| First Name: (b)(6) (b)(7)(C) (b)(3) | Grade: (b)(6) (b)(7)(C) (b)(3) | |
| Middle Name: (b)(6) (b)(7)(C) (b)(3) | SSN or ID Number: (b)(6) (b)(7)(C) (b)(3) | Date of Birth: |

3. REFERRAL INFORMATION

| No. | Offense | Basis | Date | Commander Decision Date: 2010/10/06 | |
|-----|---|-------|------------|--|---|
| 1 | Wrongful Possession of Marihuana [5L2C] | UCMJ | 2010/05/03 | Sexual Harassment: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Action Taken: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | Reason: Accepted | |
| 2 | Wrongful Use of Marihuana [5L2D2] | UCMJ | 2010/05/03 | Sexual Harassment: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Action Taken: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | Reason: Accepted | |
| | | | | Sexual Harassment: <input type="checkbox"/> Yes <input type="checkbox"/> No | Action Taken: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | Reason: | |
| | | | | Sexual Harassment: <input type="checkbox"/> Yes <input type="checkbox"/> No | Action Taken: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | Reason: | |

| 3. REFERRAL INFORMATION (Continued) | | | | |
|-------------------------------------|---------|-------|------|--|
| No. | Offense | Basis | Date | Commander Decision Date: 2010/10/06 |
| | | | | Sexual Harassment: <input type="checkbox"/> Yes <input type="checkbox"/> No Action Taken: <input type="checkbox"/> Yes <input type="checkbox"/> No Reason: |
| | | | | Sexual Harassment: <input type="checkbox"/> Yes <input type="checkbox"/> No Action Taken: <input type="checkbox"/> Yes <input type="checkbox"/> No Reason: |
| | | | | Sexual Harassment: <input type="checkbox"/> Yes <input type="checkbox"/> No Action Taken: <input type="checkbox"/> Yes <input type="checkbox"/> No Reason: |
| | | | | Sexual Harassment: <input type="checkbox"/> Yes <input type="checkbox"/> No Action Taken: <input type="checkbox"/> Yes <input type="checkbox"/> No Reason: |
| | | | | Sexual Harassment: <input type="checkbox"/> Yes <input type="checkbox"/> No Action Taken: <input type="checkbox"/> Yes <input type="checkbox"/> No Reason: |
| | | | | Sexual Harassment: <input type="checkbox"/> Yes <input type="checkbox"/> No Action Taken: <input type="checkbox"/> Yes <input type="checkbox"/> No Reason: |

NOTE: For each Offense marked "NO" for "Action Taken", you must supply a Reason.

If "Action Taken" is "Yes" for any Offense, continue to Block 4 and choose the highest level. If you selected "Action Taken" "No" for ALL Offenses, go directly to "Commander's Remarks" (Block 10a) to expand on your Reasons, then sign, date and return the form to the agent specified in "Referred By" (Block 1).

| 4. ACTION TAKEN | |
|--|--|
| <input type="checkbox"/> Administrative Non-Adverse Referrals Adverse Personnel Actions | <input checked="" type="checkbox"/> Non-Judicial (Article 15) <i>(see details below)</i> |
| <input type="checkbox"/> Judicial Court Martial or Civilian Criminal Court | |

| | | | |
|--|--|---|--|
| Non-Judicial Punishment Authority (select one): <input type="checkbox"/> Summarized <input type="checkbox"/> Company Grade <input checked="" type="checkbox"/> Field Grade <input type="checkbox"/> Principal Assistant | <input type="checkbox"/> GCMCA Imposed <input type="checkbox"/> General Officer Imposed | Judicial Punishment Authority (select one): <input type="checkbox"/> Summary Court Martial <input type="checkbox"/> Civilian Criminal/Magistrate Jurisdiction: If Other: | <input type="checkbox"/> General Court Martial <input type="checkbox"/> Special Court Martial |
|--|--|---|--|

| 5. NJP/Court-Martial/Civilian Criminal Court Proceeding Outcome | | | | |
|---|---|--------|---|-------------------|
| No. | Charged Offense | Plea | Finding Offense | Trial/NJP Finding |
| 1 | Wrongful Possession of Marihuana [5L2C] | Guilty | Wrongful Possession of Marihuana [5L2C] | Guilty |
| 2 | Wrongful Use of Marihuana [5L2D2] | Guilty | Wrongful Use of Marihuana [5L2D2] | Guilty |
| | | | | |
| | | | | |
| | | | | |

PLEA: G=Guilty, C=No Contest, N=Not Guilty, D=Pre-Trial Diversion **TRIAL/NJP FINDING:** DCV=Dismissed (Civil), DCR=Dismissed (Criminal), P=Finding for Plaintiff, F=Finding for Respondent, G=Guilty, C=No Contest, N=Not Guilty, S=Settlement

| 5. NJP/Court-Martial/Civilian Criminal Court Proceeding Outcome (Continued) | | | | |
|---|-----------------|------|-----------------|-------------------|
| No. | Charged Offense | Plea | Finding Offense | Trial/NJP Finding |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

PLEA: G=Guilty, C=No Contest, N=Not Guilty, D=Pre-Trial Diversion **TRIAL/NJP FINDING:** DCV=Dismissed (Civil), DCR=Dismissed (Criminal), P=Finding for Plaintiff, F=Finding for Respondent, G=Guilty, C=No Contest, N=Not Guilty, S=Settlement

| 6. ADMINISTRATIVE ACTIONS | | | | | | | | | | |
|---------------------------|---|----------------|--------------------------|--------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|------|
| Non-Adverse: | | | | Adverse: | | | | | | |
| Agency | Date Referred | Date Responded | Date Imposed | Type of Action | Oral | Written Local | Written OMPF | | | |
| Family Advocacy | | | | Counseling/Concern | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Drug/Alcohol Abuse | | | | Reprimand | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Special Referral | | | | Censure | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Equal Opportunity | | | | Admonition | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Legal Office | | | | | | | | | | |
| Mental Health | | | | | | | | | | |
| Relief Agency | | | | | | | | | | |
| Adverse: | | | | | | | | | | |
| Date Imposed | Description | | | | | | | | | |
| | Withholding of Privileges | | | | | | | | | |
| | Adverse Performance Evaluation (OER/NCOER/Academic Report) | | | | | | | | | |
| | Relief for Cause (OER/NCOER) | | | | | | | | | |
| | Mandatory Reassignment | | | | | | | | | |
| | Transfer (such as rehabilitative) | | | | | | | | | |
| | Adverse Record Entry - Flag | | | | | | | | | |
| | Bar to Reenlistment | | | | | | | | | |
| | Withholding of Promotion | | | | | | | | | |
| | Delay of Promotion | | | | | | | | | |
| | Promotion Revocation | | | | | | | | | |
| | Clearance Revocation | | | | | | | | | |
| | Control Roster (downgrade of clearance, PRP reclassification) | | | | | | | | | |
| | Resignation | | | | | | | | | |
| | Retirement | | | | | | | | | |
| | Retirement at Lower Grade | From: | To: | | | | | | | |
| | Transfer to Inactive Reserve | | | | | | | | | |
| | Military Occupational Specialty Reclassification | | | | | | | | | |
| | Civilian Debarment | Duration: | <input type="checkbox"/> | Days | <input type="checkbox"/> | Months | <input type="checkbox"/> | Years | <input type="checkbox"/> | Life |

| | | | | | | | | | |
|---|--|---------------------|----------------------|----------------------|----------------------|-------------------------------------|----------------------|----------------------|----------------------|
| 6. ADMINISTRATIVE ACTIONS (Continued) | | | | | | | | | |
| Adverse: (Continued) | | | | | | | | | |
| Date Imposed | Description | | | | | | | | |
| | Civilian Job Termination | | | | | | | | |
| | Civilian Job Suspension | Duration: | <input type="text"/> | Days | <input type="text"/> | Months | <input type="text"/> | Years | |
| | Civilian Leave Without Pay | Duration: | <input type="text"/> | Days | <input type="text"/> | Months | <input type="text"/> | Years | |
| | Loss of Warrant | | | | | | | | |
| | Voluntary Disclosure | | | | | | | | |
| | Restitution (to US Government) | Amount US\$: | | | | | | | |
| | Restitution (to third party Non-US Government) | Amount US\$: | | | | | | | |
| | Civil-Civil Action Initiation | | | | | | | | |
| | Other (return to States, etc.) | | | | | | | | |
| | Contract Suspension | Duration: | <input type="text"/> | Days | <input type="text"/> | Months | <input type="text"/> | Years | |
| | Contract Termination | | | | | | | | |
| | Cost Adjustment | Amount US\$: | | | | | | | |
| | Bid Rejection | | | | | | | | |
| | Recoupment | Amount US\$: | | | | | | | |
| | Denial of Continuation | | | | | | | | |
| | Other Contract Action | | | | | | | | |
| 7. DETAILS OF ADMINISTRATIVE SEPARATION | | | | | | | | | |
| Date Imposed: | | Regulation: | | | Chapter: | | | | |
| Characterization: | | | | | | | Effective Date: | | |
| NOTE: Proceed to Commander's Remarks (Block 10a) if you chose Administrative Action in Block 6 or 7. | | | | | | | | | |
| 8. NON-JUDICIAL/JUDICIAL SANCTIONS | | | | | | | | | |
| Date Adjudged | Sanction | | | | | | | | |
| | Fine | Amount US\$: | | | | | | | |
| 2010/10/06 | Forfeiture | Amount US\$: 723.00 | Duration: 2 | <input type="text"/> | Days | <input checked="" type="checkbox"/> | Months | <input type="text"/> | |
| 2010/10/06 | Extra Duty | Days: 45 | | | | | | | |
| 2010/10/06 | Restriction | Days: 45 | | | | | | | |
| | Correctional Custody | Days: | | | | | | | |
| | Confinement | Duration: | <input type="text"/> | Days | <input type="text"/> | Months | <input type="text"/> | Years | <input type="text"/> |
| | Bad Conduct Discharge | Effective Date: | | | | | | | |
| | Dishonorable Discharge | Effective Date: | | | | | | | |
| 2010/10/06 | Reduction in Grade | From: E-3 | | | | To: E-1 | | | |
| | Probation | Duration: | <input type="text"/> | Days | <input type="text"/> | Months | <input type="text"/> | Years | |
| | Special Assignment | Duration: | <input type="text"/> | Days | <input type="text"/> | Months | <input type="text"/> | Years | |
| | Total Forfeiture (all pay/allowance) | Duration: | <input type="text"/> | Days | <input type="text"/> | Months | <input type="text"/> | Years | <input type="text"/> |
| | Death Sentence | | | | | | | | |
| | Civil Recovery | Amount US\$: | | | | | | | |
| | Civil Award | Amount US\$: | | | | | | | |
| | Dismissal (Officer Only) | Effective Date: | | | | | | | |
| | Domestic Violence | Yes: | <input type="text"/> | No: | <input type="text"/> | | | | |
| | Prohibited From Firearm Possession/Use IAW 18 U.S. Code Section 922(g) | Yes: | <input type="text"/> | No: | <input type="text"/> | | | | |

| 9. SUSPENDED SANCTIONS | |
|---|---|
| Were Any Sanctions Suspended? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| NOTE: If no sanctions were suspended, proceed to "Commander's Remarks" (Block 10a). | |
| Suspended Sanction | Suspended Sanction Information |
| Fine | Date Suspended: _____ Suspension Duration: <input type="checkbox"/> Days <input type="checkbox"/> Months <input type="checkbox"/> Years <input type="checkbox"/> Life <input type="checkbox"/> Undetermined |
| | Suspended Portion US\$: _____ |
| | Suspension Conditions: _____ |
| Forfeiture | Date Suspended: _____ Suspension Duration: <input type="checkbox"/> Days <input type="checkbox"/> Months <input type="checkbox"/> Years <input type="checkbox"/> Life <input type="checkbox"/> Undetermined |
| | Suspended Portion US\$: _____ Suspended Portion Time: <input type="checkbox"/> Days <input type="checkbox"/> Months |
| | Suspension Conditions: _____ |
| Extra Duty | Date Suspended: _____ Suspension Duration: <input type="checkbox"/> Days <input type="checkbox"/> Months <input type="checkbox"/> Years <input type="checkbox"/> Life <input type="checkbox"/> Undetermined |
| | Suspended Portion Time: <input type="checkbox"/> Days <input type="checkbox"/> Months |
| | Suspension Conditions: _____ |
| Restriction | Date Suspended: _____ Suspension Duration: <input type="checkbox"/> Days <input type="checkbox"/> Months <input type="checkbox"/> Years <input type="checkbox"/> Life <input type="checkbox"/> Undetermined |
| | Suspended Portion Time: <input type="checkbox"/> Days |
| | Suspension Conditions: _____ |
| Correctional Custody | Date Suspended: _____ Suspension Duration: <input type="checkbox"/> Days <input type="checkbox"/> Months <input type="checkbox"/> Years <input type="checkbox"/> Life <input type="checkbox"/> Undetermined |
| | Suspended Portion Time: <input type="checkbox"/> Days |
| | Suspension Conditions: _____ |
| Confinement | Date Suspended: _____ Suspension Duration: <input type="checkbox"/> Days <input type="checkbox"/> Months <input type="checkbox"/> Years <input type="checkbox"/> Life <input type="checkbox"/> Undetermined |
| | Suspended Portion Time: <input type="checkbox"/> Days <input type="checkbox"/> Months <input type="checkbox"/> Years <input type="checkbox"/> Life |
| | Suspension Conditions: _____ |
| Reduction in Grade | Date Suspended: _____ Suspension Duration: <input type="checkbox"/> Days <input type="checkbox"/> Months <input type="checkbox"/> Years <input type="checkbox"/> Life <input type="checkbox"/> Undetermined |
| | Suspension Conditions: _____ |
| Probation | Date Suspended: _____ Suspension Duration: <input type="checkbox"/> Days <input type="checkbox"/> Months <input type="checkbox"/> Years <input type="checkbox"/> Life <input type="checkbox"/> Undetermined |
| | Suspended Portion Time: <input type="checkbox"/> Days <input type="checkbox"/> Months <input type="checkbox"/> Years <input type="checkbox"/> Life <input type="checkbox"/> Undetermined |
| | Suspension Conditions: _____ |
| Special Assignment | Date Suspended: _____ Suspension Duration: <input type="checkbox"/> Days <input type="checkbox"/> Months <input type="checkbox"/> Years <input type="checkbox"/> Life <input type="checkbox"/> Undetermined |
| | Suspended Portion Time: <input type="checkbox"/> Days <input type="checkbox"/> Months |
| | Suspension Conditions: _____ |
| Total Forfeiture | Date Suspended: _____ Suspension Duration: <input type="checkbox"/> Days <input type="checkbox"/> Months <input type="checkbox"/> Years <input type="checkbox"/> Life <input type="checkbox"/> Undetermined |
| | Suspended Portion Time: <input type="checkbox"/> Days <input type="checkbox"/> Months <input type="checkbox"/> Years <input type="checkbox"/> Life |
| | Suspension Conditions: _____ |
| Civil Recovery | Date Suspended: _____ Suspension Duration: <input type="checkbox"/> Days <input type="checkbox"/> Months <input type="checkbox"/> Years <input type="checkbox"/> Life <input type="checkbox"/> Undetermined |
| | Suspended Portion US\$: _____ |
| | Suspension Conditions: _____ |
| Civil Award | Date Suspended: _____ Suspension Duration: <input type="checkbox"/> Days <input type="checkbox"/> Months <input type="checkbox"/> Years <input type="checkbox"/> Life <input type="checkbox"/> Undetermined |
| | Suspended Portion US\$: _____ |
| | Suspension Conditions: _____ |
| Administrative Separation | Date Suspended: _____ Suspension Duration: <input type="checkbox"/> Days <input type="checkbox"/> Months <input type="checkbox"/> Years <input type="checkbox"/> Life |
| | Suspension Conditions: _____ |
| | |
| | |
| | |

10a.

Commander's Remarks

Checked box indicates that Commander's Remarks continue on the following page. ☐

11.

COMMANDING OFFICER OR REPORTING OFFICER

Was a DNA sample collected from the offender?

☐

Yes

☒

No

Name:

(b)(6) (b)(7)(C) (b)(3)

Grade:

(b)(6) (b)(7)(C) (b)(3)

Official E-Mail Address:

(b)(6) (b)(7)(C) (b)(3)

Signature:

(b)(6) (b)(7)(C) (b)(3)

Signature Date:

2010/10/06

